

18-020037

INCIDENT/OFFENSE REPORT										Report Number		MCSO-18-020037	
IL0560000 MCHENRY COUNTY SHERIFF'S OFFICE 2200 N SEMINARY AVE WOODSTOCK IL 60098 815-338-2144 <div style="text-align: center;">JUL 31 2018</div>										CAD Number			
										Occurred From Date		06/29/2018	
										Occurred To Date		06/29/2018	
										Reported Date		06/29/2018	
Nature of Complaint THEFT										CAD CODE		Related Incidents	
Location of Incident 3702 Northwest Hwy CRYSTAL LAKE IL 60014										Location Name		Offense Tract AREA 2	
Photos: <input type="checkbox"/> Evidence <input type="checkbox"/> Victim <input type="checkbox"/> Scene <input type="checkbox"/> Notification/Referrals: <input type="checkbox"/> ET <input type="checkbox"/> INV <input type="checkbox"/> YO <input type="checkbox"/> SW										Name		Miscellaneous	
										Floor		Room	
ILCS Description THEFT UNAUTHORIZED CONTROL PERSON = OR < \$500										UCR Code		F/M	
										Counts		1	
Offense Status 02										Offense Location		05	
Structure G										Premise Type		Forcible	
Point of Entry NONE										Bias Motivation		Charge Statute	
										720-5.0/16-1-A-1			
Victim Name ALGONQUIN TOWNSHIP										Victim is Complainant		<input type="checkbox"/>	
Address 3702 NORTHWEST HY CARY IL										Home Phone		Cell Phone	
Sex U										Race		U	
Date Born U										Age		U	
To Age U										Height		U	
Weight 0										Eye Color		U	
Hair Color U										Hair Length		U	
Complexion U										Ethnicity		U	
SSN U										DLN License		U	
DLN State U										Employer		U	
Employer Phone U										Occupation		U	
SMT U										Nickname		U	
Relative U										Relative Address		U	
Relative Phone U										Additional		U	
Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer										Injured?		<input type="checkbox"/>	
Injury Code U										Nature of Injuries		U	
Victim Type S										Victim to Offender		U	
Victim Challenged / Act U										Victim Location		U	
Agg Assault Circum 1 U										Agg Assault Circum 2		U	
Offense 1 0825										Offense 2		U	
Offense 3 U										Offense 4		U	
Offense 5 U										Offense 6		U	
Offense 7 U										Offense 8		U	
Offense 9 U										Offense 10		U	
LEO Activity U										LEO Vehicle		U	
Offender/Suspect Name UNKNOWN										Phone		U	
Address U										Work Phone		U	
Sex U										Race		U	
Date Born U										Age		U	
To Age U										Height		U	
Weight U										Eye Color		U	
Hair Color U										Hair Length		U	
Hair Style U										Complexion		U	
SSN U										DLN		U	
DLN State U										Employer		U	
Employer Phone U										Occupation		U	
Complexion U										Ethnicity		U	
Facial Hair U										General Appearance		U	
Glasses Type U										Hand Dominance		U	
Miscellaneous U										Speech		U	
Teeth U										Build		U	
Demeanor U										Nickname/Streetname		U	
Relative U										Relative Address		U	
Relative Phone U										Additional		U	
Injured <input type="checkbox"/>										Injury Code		U	
Nature of Injuries U										Suspect Forced Victim		U	
Suspect Action U										Suspect Solicited Victim		U	
Suspect Force Used U										SMTs		U	
Offense 1 0825										Offense 2		U	
Offense 3 U										Offense 4		U	
Offense 5 U										Offense 6		U	
Offense 7 U										Offense 8		U	
Offense 9 U										Offense 10		U	
Used: Drug Alcohol Computer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>													
Related To U										Type		U	
VIN U										Hull Number		U	
Owner Name U										Owner Address		U	
Owner Phone U										Make		U	
Model U										Color		U	
Year U										Style		U	
Status U										License Plate		U	
Plate State U										Plate Year		U	
Plate Expires U										Comments		U	
Date Recovered U										Veh Recovered		U	
Initial Value U										Rec Value		U	
Stored At U										Where Recovered		U	
Who Recovered U										Towed By		U	
Vehicle Condition U										Vehicle Damage		U	
Insured By U													
Child / DV / School UCR <input type="checkbox"/>										Contributing Factors		U	
Alcohol <input type="checkbox"/> Crimes Against Children <input type="checkbox"/> Gang <input type="checkbox"/> Satanic <input type="checkbox"/> Drug <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Hate <input type="checkbox"/> Traffic <input type="checkbox"/>													
Exceptional Clearance Code U										Date		U	
Internal Clearance Code CASE CLOSED										Date		6/29/2018 2:26:00 PM	
Reporting Officer Name HARPER THERESA										Date		6/29/2018 4:07:51 PM	
Investigating Officer Name PATENAUE DANIEL										Date		6/29/2018 7:40:28 PM	
Reviewing Officer Name U										Date		U	

ORI # IL0560000		MCHENRY COUNTY SHERIFF'S OFFICE SUSPECTS										REPORT # MCSO-18-020037		
SUSPECT	Offender/Suspect Name EDGAR WATCH BLOG										Home Phone		Cell Phone	
	Address										Work Phone		Email	
	Sex U	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
	SSN		DLN		DLN State	Employer		Employer Phone		Occupation				
	Complexion		Ethnicity UNKNOWN		Facial Hair		General Appearance		Glasses Type		Hand Dominance			
	Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name		
	Relative					Relative Address					Relative Phone			
	Additional					Injured <input type="checkbox"/>	Injury Code		Nature of Injuries					
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs					
	Offense 1 0825	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug Alcohol Computer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
SUSPECT	Offender/Suspect Name										Home Phone		Cell Phone	
	Address										Work Phone		Email	
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
	SSN		DLN		DLN State	Employer		Employer Phone		Occupation				
	Complexion		Ethnicity		Facial Hair		General Appearance		Glasses Type		Hand Dominance			
	Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name		
	Relative					Relative Address					Relative Phone			
	Additional					Injured <input type="checkbox"/>	Injury Code		Nature of Injuries					
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs					
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug Alcohol Computer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
SUSPECT	Offender/Suspect Name										Home Phone		Cell Phone	
	Address										Work Phone		Email	
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
	SSN		DLN		DLN State	Employer		Employer Phone		Occupation				
	Complexion		Ethnicity		Facial Hair		General Appearance		Glasses Type		Hand Dominance			
	Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name		
	Relative					Relative Address					Relative Phone			
	Additional					Injured <input type="checkbox"/>	Injury Code		Nature of Injuries					
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs					
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug Alcohol Computer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Reporting Officer Name HARPER THERESA										Date 6/29/2018 4:07:51 PM		SO6299		
Approving Officer Name PATENAUE DANIEL										Date 6/29/2018 7:40:28 PM		SO6299		

ORI # IL0560000		MCHENRY COUNTY SHERIFF'S OFFICE				REPORT # MCSO-18-020037					
OTHER PERSONS											
OTHER PERSONS	Involvement Type REPORTEE		Name LUKASIK, KAREN E				Home Phone		Cell Phone		
	Address						Email				
	Sex F	Race W	Date Born	Age 53	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity N		SSN	DLN License		DLN State	Employer		Employer Phone		
	Scars/Marks/Tattoos					Nickname		Additional			
	Relative			Relative Address				Relative Phone			
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries				
OTHER PERSONS	Involvement Type OTHER		Name PROVENZANO, RYAN				Home Phone		Cell Phone		
	Address UNKNOWN						Email				
	Sex M	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity U		SSN	DLN License		DLN State	Employer		Employer Phone		
	Scars/Marks/Tattoos					Nickname		Additional			
	Relative			Relative Address				Relative Phone			
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries				
OTHER PERSONS	Involvement Type OTHER		Name LUTZO, CHUCK				Home Phone		Cell Phone		
	Address						Email				
	Sex M	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity U		SSN	DLN License		DLN State	Employer ALGONQUIN TOWNSHIP SUPERVISOR		Employer Phone		
	Scars/Marks/Tattoos					Nickname		Additional			
	Relative			Relative Address				Relative Phone			
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries				
OTHER PERSONS	Involvement Type OTHER		Name GASSER, ANDREW				Home Phone		Cell Phone		
	Address 3702 NORTHWEST HWY CARY IL						Email				
	Sex M	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity U		SSN	DLN License		DLN State	Employer ALGONQUIN TOWNSHIP HIGHWAY		Employer Phone		
	Scars/Marks/Tattoos					Nickname		Additional			
	Relative			Relative Address				Relative Phone			
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries				
Reporting Officer Name HARPER THERESA		SO6260		Date 6/29/2018 4:07:51 PM		Approving Officer Name PATENAUE DANIEL		SO6299		Date 6/29/2018 7:40:28 PM	

ORI # IL0560000		MCHENRY COUNTY SHERIFF'S OFFICE				REPORT # MCSC-18-020037	
PROPERTY/VEHICLE/DRUG							
PROPERTY	Related To VICTIM , ALGONQUIN TOWNSHIP				LEADS Number		Date Entered
	Description TOWNSHIP RECORDS					Quantity 1	Value \$0.00
	Make		Model		Color	Serial Number	
	Class OTHER			Type MISC		Status STOLEN	UCR Code 0825
	Related To				LEADS Number		Date Entered
PROPERTY	Description					Quantity	Value
	Make		Model		Color	Serial Number	
	Class			Type		Status	UCR Code
	Related To				LEADS Number		Date Entered
	Description					Quantity	Value
PROPERTY	Make		Model		Color	Serial Number	
	Class			Type		Status	UCR Code
	Related To				LEADS Number		Date Entered
	Description					Quantity	Value
	Make		Model		Color	Serial Number	
VEHICLE	Related To			Type	VIN		Hull Number
	Owner Name			Owner Address			Owner Phone
	Make		Model		Color	Year	Style
	License Plate		Plate State	Plate Year	Plate Expires	Comments	
	Date Recovered		Veh Recovered	Initial Value	Rec Value	Stored At	
	Where Recovered		Who Recovered			Towed By	
	Vehicle Condition		Vehicle Damage			Insured By	
	Related To			Type	VIN		Hull Number
	Owner Name			Owner Address			Owner Phone
	Make		Model		Color	Year	Style
	License Plate		Plate State	Plate Year	Plate Expires	Comments	
Date Recovered		Veh Recovered	Initial Value	Rec Value	Stored At		
Where Recovered		Who Recovered			Towed By		
Vehicle Condition		Vehicle Damage			Insured By		
DRUG	Code		Description		QTY	Measure	Est Value
	Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using						
DRUG	Code		Description		QTY	Measure	Est Value
	Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using						
DRUG	Code		Description		QTY	Measure	Est Value
	Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using						
Reporting Officer Name HARPER THERESA		SO6260	Date 6/29/2018 4:07:51 PM		Approving Officer Name PATENAUE DANIEL		SO6299
					Date 6/29/2018 7:40:28 PM		

ORI # IL0560000		MCHENRY COUNTY SHERIFF'S OFFICE NARRATIVE		REPORT # MCSO-18-020037	
ORIGINAL					
<p>On Friday, June 29th at 1426 hours, I (Dep.Harper) was dispatched to 3702 Northwest Hwy., Algonquin Township for stolen records.</p> <p>Upon arrival, I spoke with Karen Lukasik. In summary Karen stated, somehow Edgar County Watch Blog has obtained records from the Algonquin Township. They have been blogging and posting the records on their blog site. The records missing are [REDACTED] video's. [REDACTED]</p> <p>[REDACTED]</p> <p>Lukasik advised it is unknown how Edgar County Watch Blog have obtained the files. Lukasik requested a report to document the incident. Lukasik had also given me a copy of emails exchanged over missing records.</p> <p>I advised Lukasik the incident will be documented and forwarded to the States Attorney's Office. This incident is not the first report of missing records and is already being investigated by the States Attorney's Office. I cleared.</p>					
Exceptional Clearance Code		Date		Internal Clearance Code	
				CASE CLOSED 09	
Reporting Officer Name		Date		Investigating Officer Name	
HARPER THERESA SO6260		6/29/2018 4:07:51 PM			
Reviewing Officer Name		Date		Approving Officer Name	
				PATENAUE DANIEL SO6299	
				Date	
				6/29/2018 7:40:28 PM	